City of Conneaut
Office of the City Manager

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Tree Removal Reimbursement Program

Date of Application:_____ Parcel#_____ Permit #_____

Applicant Name (if different than owner)					
Property Owner					
Street Address	City	State	Zip code	Cell phone	Home phone

Contractor Information

Name of Owner or Company		Email Address	
Street Address	City	State	Zip code
Phone Number with area code		Fax Number	Cell Phone No.
( )		( )	( )

Requirements:
- Signed application by Sept 1st of following year
- Estimate from a licensed contractor

Steps after application is approved:
- Pre-inspection from Zoning Office
- Post –inspection from Zoning Office
- Paid invoice presented to Zoning Office
- Submitted to Finance Department for reimbursement

_____   _____
Property Owner Print   Date

_____   _____
Property Owner Signature   Date

Address of Household: _____

Total Number of Household Members (include yourself, spouse, children, etc.): _

Owner_____   Tennant_____   Commercial _____ (Please check one that applies)

How long at this address: _____ Years   _____ Months

Income Range of Household

(Total gross annual income of all persons)
Check the box below that corresponds to your
household's income range:

Income Limit Ranges**

$0_____	-	$31,050_____	☐
$31,051_____	-	$35,450_____	☐
$35,451 _____	-	$39,900_____	☐
$39,901 _____	-	$44,300_____	☐
$44,301 _____	-	$47,850_____	☐
$47,851 _____	-	$51,400_____	☐
$51,401 _____	-	$54,950_____	☐
$54,951 _____	-	$58,500_____	☐
$58,501 _____	-	above_____	☐

Department Use Only

Date of Estimate: _____   Cost of Project:_____   Measurement of Sidewalk _____

Degree of risk to public: High_____   Medium_____   Low_____

Pictures enclosed: Yes_____   How many_____   No _____

Date Approved: _____   Date Denied: _____

_____   _____
City Manager   **Date**